

ORIGINAL

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

Plaintiff

v.

Dept. of Corr et al

Defendant(s)

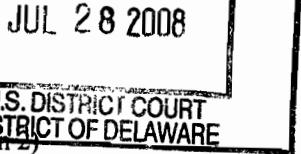
APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, Thomas W. Myers declare that I am the (check appropriate box) Petitioner/Plaintiff/Movant Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

FILED



PO scanned

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Question 2)

If "YES" state the place of your incarceration

D.C.C. 5 myrs naInmate Identification Number (Required): 481256

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? Yes No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	<input type="radio"/> Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	<input type="radio"/> Yes	<input checked="" type="radio"/> No
f. Any other sources	<input type="radio"/> Yes	<input checked="" type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts?

• • Yes • • No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes • • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

08
DATE


SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Thomas W Myers SBI#: 481256
FROM: Stacy Shane, Support Services Secretary
RE: 6 Months Account Statement
DATE: 7/9/08

Attached are copies of your inmate account statement for the months of
1/1/08 to 6/30/2008.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Jan</u>	<u>30.40</u>
<u>Feb</u>	<u>27.69</u>
<u>MAR</u>	<u>20.26</u>
<u>Apr</u>	<u>18.22</u>
<u>May</u>	<u>15.65</u>
<u>Jun</u>	<u>60.12</u>

Average daily balances/6 months: 28.72

Attachments

CC: File

Mercedes Wallin 7/9/08

Carrie Sprouse
7/9/08

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ • 72 on account his/her credit at (name of institution) James T Vaughn Correctional Center.

I further certify that the applicant has the following securities to his/her credit:

I further certify that during the past six months the applicant's average monthly balance was \$ 28.72 and the average monthly deposits were \$ 80.83

7/9/08
Date

Mercedes Vallen
Signature of Authorized Officer

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)

*Canary Queen
7/9/08*

Individual Statement

From January 2008 to June 2008

Date Printed: 7/9/2008

SBI	Last Name	First Name	MI	Suffix	Comments:
00481256	MYERS	THOMAS	W		
Current Location:	22				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	1/2/2008	(\$72.72)	\$0.00	\$0.00	\$7.63	536443			T MYERY
Visit	1/7/2008	\$25.00	\$0.00	\$0.00	\$32.63	538317	9269015103-08364		TERRI A SMITH
Misc	1/10/2008	\$25.00	\$0.00	\$0.00	\$57.63	541503	08755772952		REFUND
Canteen	1/15/2008	\$14.40	\$0.00	\$0.00	\$72.03	542363			
Canteen	1/16/2008	(\$31.95)	\$0.00	\$0.00	\$40.08	543648			
Canteen	1/23/2008	(\$19.90)	\$0.00	\$0.00	\$20.18	545750			
Medical	1/23/2008	\$0.00	(\$4.00)	\$0.00	\$20.18	545807			1/7/08
Medical	1/23/2008	\$0.00	(\$4.00)	\$0.00	\$20.18	545827			1/9/08
Medical	1/23/2008	(\$4.00)	\$0.00	\$0.00	\$16.18	546087			1/7/08
Medical	1/23/2008	(\$4.00)	\$0.00	\$0.00	\$12.18	546120			1/9/08
Canteen	1/30/2008	(\$12.18)	\$0.00	\$0.00	\$0.00	548677			
Medical	2/1/2008	\$0.00	(\$4.00)	\$0.00	\$0.00	550335			1/23/08
Mail	2/8/2008	\$80.00	\$0.00	\$0.00	\$80.00	553882	1436025215		H MYERS
Medical	2/8/2008	(\$4.00)	\$0.00	\$0.00	\$76.00	554147			1/23/08
Supplies-MailPosta	2/12/2008	\$0.00	\$0.00	(\$4.89)	\$76.00	554769			1/13/08
Canteen	2/13/2008	(\$20.00)	\$0.00	\$0.00	\$56.00	556158			
Medical	2/15/2008	\$0.00	(\$6.00)	\$0.00	\$56.00	557049			1/16/07
Medical	2/15/2008	\$0.00	(\$4.00)	\$0.00	\$56.00	557089			2/5/08
Medical	2/15/2008	\$0.00	(\$4.00)	\$0.00	\$56.00	557162			2/12/08
Medical	2/15/2008	(\$6.00)	\$0.00	\$0.00	\$50.00	557242			1/16/07
Medical	2/15/2008	(\$4.00)	\$0.00	\$0.00	\$46.00	557283			2/5/08
Medical	2/15/2008	(\$4.00)	\$0.00	\$0.00	\$42.00	557344			2/12/08
Supplies-MailPosta	2/15/2008	(\$4.89)	\$0.00	\$0.00	\$37.11	557542			1/13/08
Canteen	2/20/2008	(\$19.22)	\$0.00	\$0.00	\$17.89	559268			
Canteen	2/27/2008	(\$17.81)	\$0.00	\$0.00	\$0.08	562104			
Medical	2/28/2008	\$0.00	(\$6.00)	\$0.00	\$0.08	562707			12/20/07
Medical	2/29/2008	(\$0.08)	(\$5.92)	\$0.00	\$0.00	563285			12/20/07
Mail	3/3/2008	\$40.00	\$0.00	\$0.00	\$40.00	564368	12091586117		T MYERS
Mail	3/3/2008	\$20.00	\$0.00	\$0.00	\$60.00	564394	10129730580		C ZATOR
Canteen	3/5/2008	(\$18.94)	\$0.00	\$0.00	\$41.06	566362			
Canteen	3/12/2008	(\$19.80)	\$0.00	\$0.00	\$21.26	569327			

Individual Statement
From January 2008 to June 2008

Date Printed: 7/9/2008

SBI	Last Name	First Name	MI	Suffix
00481256	MYERS	THOMAS	W	
Current Location: 22				

Page 2 of 3

				Beginning Month Balance:		Ending Month Balance:			
				\$80.35		\$34.35			
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Medical	3/13/2008	(\$5.92)	\$0.00	\$0.00	\$15.34	570307		1/2/20/07	
Supplies-MailPosta	3/17/2008	\$0.00	\$0.00	(\$3.00)	\$15.34	571244		2/11/08	
Medical	3/25/2008	\$0.00	(\$4.00)	\$0.00	\$15.34	575244		3/18/08	
Canteen	3/26/2008	(\$12.07)	\$0.00	\$0.00	\$3.27	575413			
Medical	3/26/2008	(\$3.27)	(\$0.73)	\$0.00	\$0.00	575926		3/18/08	
Medical	4/4/2008	\$0.00	\$8.00	\$0.00	\$0.00	579861		REFUND 9/19/07	
Medical	4/4/2008	\$8.00	\$0.00	\$0.00	\$8.00	580427		REFUND 9/19/07	
Medical	4/4/2008	(\$0.73)	\$0.00	\$0.00	\$7.27	580518		3/18/08	
Supplies-MailPosta	4/4/2008	(\$3.00)	\$0.00	\$0.00	\$4.27	580626		2/11/08	
Canteen	4/9/2008	(\$4.20)	\$0.00	\$0.00	\$0.07	583697			
Mail	4/11/2008	\$50.00	\$0.00	\$0.00	\$50.07	585159		1436027352	H MAYES
Canteen	4/16/2008	(\$19.94)	\$0.00	\$0.00	\$30.13	586605			
Supplies-MailPosta	4/22/2008	\$0.00	\$0.00	(\$1.64)	\$30.13	589888		3/23/08	
Canteen	4/23/2008	(\$19.87)	\$0.00	\$0.00	\$10.26	590423			
Supplies-MailPosta	4/25/2008	(\$1.64)	\$0.00	\$0.00	\$8.62	592709		3/23/08	
Canteen	4/30/2008	(\$8.52)	\$0.00	\$0.00	\$0.10	594235			
Supplies-MailPosta	4/30/2008	\$0.00	\$0.00	(\$1.82)	\$0.10	594931		4/23/08	
Supplies-MailPosta	5/5/2008	\$0.00	\$0.00	(\$1.65)	\$0.10	596644		4/3/08	
Mail	5/5/2008	\$50.00	\$0.00	\$0.00	\$50.10	596845		1436534064	H MYERS
Supplies-MailPosta	5/5/2008	\$0.00	\$0.00	(\$1.14)	\$50.10	597166		4/16/08	
Canteen	5/7/2008	(\$24.79)	\$0.00	\$0.00	\$25.31	598708			
Supplies-MailPosta	5/7/2008	(\$1.82)	\$0.00	\$0.00	\$23.49	599460		4/23/08	
Supplies-MailPosta	5/7/2008	(\$1.65)	\$0.00	\$0.00	\$21.84	599748		4/3/08	
Supplies-MailPosta	5/7/2008	(\$1.14)	\$0.00	\$0.00	\$20.70	599985		4/16/08	
Canteen	5/14/2008	(\$19.88)	\$0.00	\$0.00	\$0.82	602851			
Mail	5/27/2008	\$45.00	\$0.00	\$0.00	\$45.82	608325		08920876117	T SMITH
Canteen	6/4/2008	(\$24.85)	\$0.00	\$0.00	\$20.97	612642			
Supplies-MailPosta	6/6/2008	\$0.00	\$0.00	(\$1.17)	\$20.97	614180		5/29/08	
Medical	6/6/2008	\$0.00	\$4.00	\$0.00	\$20.97	614230		REFUND 1/9/08	
Medical	6/6/2008	\$4.00	\$0.00	\$0.00	\$24.97	614343		REFUND 1/9/08	
Supplies-MailPosta	6/6/2008	(\$1.17)	\$0.00	\$0.00	\$23.80	614774		5/29/08	

